

**Alabama Voluntary Disciplinary Alternative Program
(VDAP)
(334) 242-4682 or (334) 353-9977**

DATE: _____
NAME: _____
ADDRESS: _____

LICENSE NO: _____
TELEPHONE: _____

Thank you for your interest in the Alabama Voluntary Disciplinary Alternative Program. There are criteria which a nurse must meet in order to gain admission to the program. Please review the eligibility criteria.

If you believe you meet the criteria and wish to be considered for the program, please circle the appropriate answer in the left hand column and return the form to the above address. ATTENTION: "VDAP". The Program Director will contact you immediately.

Should you desire more information please call (334) 242-4682 or 353-9977.

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| Y | N | Have an active Alabama LPN or RN license or a temporary permit. |
| Y | N | Voluntarily request to participate in the program. |
| Y | N | Addicted or abusing alcohol/drugs or physically or emotionally affected to the extent that is or potentially is affecting ability to practice safe nursing. |
| Y | N | Previously disciplined by a Board of Nursing. |
| Y | N | Terminated from a peer assistance program in another state. |
| Y | N | Will acknowledge in writing, extent of my disease process, and will agree in writing to terms of nondisciplinary program. |
| Y | N | Will participate in evaluation of my condition, and release information to the program staff. |
| Y | N | Agree to cease nursing practice until program staff and treatment staff agree I am safe to perform nursing services. |

- T F To my knowledge my drug usage did not do harm to a patient or potentially harm a patient.
- Y N My drug activities involved selling to others; diverting drugs from a work setting for other than self-administration.
- Y N Have a felony conviction or conviction related to the sale or distribution of controlled substances.

Your response to these criteria is indication of your interest in the nondisciplinary program and by signing this form you are affirming your answers to be true and correct. Your signature on this form does not constitute admission to the program, but does mean you will be considered.

Signature

Print Name

OFFICIAL USE

ONLY.....

___ Accepted into program.

___ Not accepted into program and reason.

09/01

